

Guiding the surgeon's finger by transesophageal echocardiography

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A 53-year old man underwent mitral valve replacement (St. Jude mechanical prosthesis) for endocarditis, and coronary artery bypass grafting (left internal mammary artery to left anterior descending artery, and great saphenous vein to obtuse marginal artery).

Three weeks after this operation, the patient was readmitted with severe chest pain, which was not understood at that moment. Evaluation by transesophageal echocardiography demonstrated a mass compressing

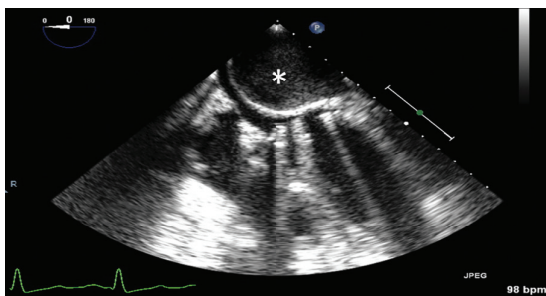


Figure 1 - Transesophageal echocardiography, mid-esophageal 4-chamber view, demonstrating a mass (asterisk) that nearly obliterates the left atrium.

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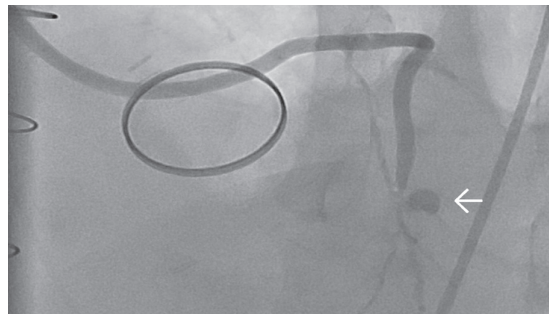


Figure 2 - Coronary angiography, left superior oblique view, demonstrating a pseudoaneurysm (arrow) of the saphenous graft anastomosis to the obtuse marginal artery.

the left atrium (Figure 1), due to pseudoaneurysm of the distal saphenous graft anastomosis found by urgent coronary angiography (Figure 2).

Due to deteriorating hemodynamics and active leakage of contrast at that moment, the pseudoaneurysm was excluded by percutaneous coronary intervention where a covered stent was implanted.

Immediately following coronary intervention, the hematoma was manually evacuated by a mini-thoracotomy via an anterolateral incision in the fifth intercostal space, where the surgeon's finger was guided by the thoracic anesthesiologist using transesophageal echocardiography (movie file available upon request at the corresponding author). The patient was discharged five days after the second operation and remains in good clinical condition at follow-up.

Compression of the left atrium by hematoma from saphenous graft pseudoaneurysm is a rare complication of coronary artery bypass grafting (1). Timely diagnosis and management of this dramatic condition is essential. In this case, perioperative echocardiography was extremely helpful in localizing the he-

matoma, guided the cardiothoracic surgeon, and resulted in good clinical outcome.

REFERENCES

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